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SERIAL NUMBER 10/706,740	FILING OR 371(c) DATE 11/12/2003 RULE	CLASS 222	GROUP ART UNIT 3754	ATTORNEY DOCKET NO. 38949/280375
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/425,838 11/12/2002 *yet KPS 9/17/06*

** FOREIGN APPLICATIONS *****

None KPS 9/17/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

02/10/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 11	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>Karen P. Shan</i> <i>KPS</i> Examiner's Signature Initials				

ADDRESS

23370

TITLE

Floss dispenser cap

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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